



CHANGE OF ADDRESS ☐

COMPANY NAME ☐

(Check box if applicable & denote change on page 3)

CEASED OPERATION ☐

ANNUAL REPORT

**to the
Alabama Public Service Commission**

**for the period ending
December 31, 2008**

(due no later than April 30, 2009)

**Return to:
Alabama Public Service Commission
ATTN: Ronald Hicks
Transportation Division
P O Box 304260
Montgomery, AL 36130**

**NOTICE
FOR PROPERTY CARRIERS
(NOT HOUSEHOLD GOODS CARRIERS)**

1. A person knowledgeable about this motor carrier's operations should complete the statistical portion of the report.
2. This form shall be completed in duplicate. The original must be filed with the Alabama Public Service Commission, Montgomery, Alabama, by April 30 of the year following that year for which the report is made and a copy retained by the carrier. These reports are required to be under oath pursuant to Title 37 Section 3-2 and 3-25, Code of Alabama 1975.
3. Every inquiry contained in the accompanying forms of the annual report must be definitely answered. Answers to the inquiries in the form must be complete and in a permanent black ink.
4. All motor carriers are required to complete Section I, and Section IIB.

NOTE: If you are an FMCSA regulated carrier property with an MC number, you are not required to file this report.

Alabama Motor Carrier Annual Report

(Not for Sale)

ANNUAL REPORT of Motor Carrier Operations for the Year Ending December 31, 2008 - SHORT FORM AB

I. CARRIER INFORMATION

OATH

I, the undersigned, _____,
(Name of Owner or Chief Officer) _____, (Title of Affiant) _____
of the _____ on my oath do say that this return has been prepared under my
(Full Name of Reporting Carrier)
direction: that I have carefully examined the same, and declare that the same is a complete and correct statement, to the best of my knowledge and belief.

State: _____ County of: _____ Date: _____ Signature: _____

Please check as applicable: _____ Property Carrier _____ Passenger Carrier _____ Broker _____

Principal Officer of Company: _____ Title: _____

Telephone No: _____ Fax: _____ E-mail: _____

Company Name: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Physical Address in Alabama: _____

Alabama Certificate Numbers: _____

Permit (Contract) Numbers: _____

FMCSA (formerly ICC) MC No: _____ DOT No: _____ Federal ID or Social Security No: _____

II. STATISTICS

A. If passenger carrier, indicate percent of operation: _____ Regular Route _____ Bus _____ Charter
_____ Taxi _____ Limousine _____ Commuter _____ Other

Average number of power units used last year: _____ Number of Terminals in Alabama: _____

Total miles traveled (all states): _____ Passenger/miles (if known): _____

Total miles traveled in Alabama: _____ Percent of empty miles: _____

B. If property carrier, indicate percent of operation: _____ Truck Load (TL) _____ Less than Truck Load (LTL)
_____ Courier _____ TL and LTL _____ Driveaway _____ Other

Average number of power units used last year: _____ Number of Terminals in Alabama: _____

Total miles traveled (all states): _____ Total miles traveled in Alabama: _____

Commodity generally carried: _____

Type of equipment generally used, i.e., refrigerated vans, open top dump, flat bed, etc.: _____

Comments: _____

Return Annual Report To: Alabama Public Service Commission, Transportation Division, PO Box 304260, Montgomery, AL 36130 (334) 242-1641